STD. 262 (REV.	EXPENSE CLAIM 9/2007)		ns and *Pri า Reverse S			Page	of	Pag	jes					
CLAIMANT'S NA	AME					SSN or EMPI	LOYEE NUM	BER*		_	RTMENT			
POSITION		/ID No. DIVISION or BUREAU							INDEX NUMBER					
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS					TELEPHONE		
CITY		STAT	E ZIP C	ODE		CITY			STATE ZIP (CODE		
(1) NORMAL WC	DRK HOURS					(2) PRIVATE V	EHICLE LIC	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)	
	UCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-	LUNCH	O.T., L/T N/C, REL OR DINNEF		(A)	(B) (C) TYPE CARFARE,		(D) PRIVATE CAR USE		DITEINESS	TOTAL EXPENSES	
(5) DATE TIME						TALS		USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
(13)														
	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	<u>') </u>												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC		OFFICE	
										PAID	BY REVOLVIN	SE ONLY IG FUND CHE	CK NUMBE	
(15)								. ,,						
used, a SAM Se	BY CERTIFY That the above is a true nd if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	enses incurred of operating to and seat be	a by me in the vehicle It usage.	accordance wi was equal to o	in DPA rules or greater thai	in the ser n the rate	vice of the State claimed, and tha	ot Califo t I have r	rnıa. It a priva net the require	itely owned ve ments as pre	enicle was scribed by	
CLAIMANT'S SI			DATE						NG TRAVEL ANI			ATE		
∑a ≤					1									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	Send		Save Data		Data	Cle	ar	Print		Impor	tant Note				
STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATIC TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007)				STRATION			ns and *Privacy Reverse Side					1 of _	1 Pag	es	
CLAIMANT'S NAME									OYEE NUM	3ER*		Page of Pages DEPARTMENT			
	0.00	EHNI	ES									DME	IC		
POSITION CB/ID No.								DIVISION or I		PLOP			INDEX NUI	MBER	
DIRECTOR RESIDENCE ADDRESS *								DIRECT(1000	NE NUMBER	
COIDE	NCE AD	DRESS						980 9TH			TE 500			TELEFTIO	NE NOWIBER
CITY STATE ZIP CODE								CITY	OTTEDDI	, 501	STATE ZIP COD		ODE		
							S	SACRAN	MENTO.				CA	95814	k.
1) NORI	MAL WO	ORK HOUR	S				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10)	TRANSPORTAT		TION		(11)	(12)	
2-4/2-26		LOCATION WHERE EXPENSES	NO 22	W199027		O.T., L/T,	- ~ ~	(A)	(B) (C)		(D)		- 10 80	TOTAL	
5)		- WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN-	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY	
DATE	TIME			20000110	AGGERA	- HALLANI	DINNER	11.000	41.8.55.5	Secure Contract	PARKING	MILES	AMOUNT	EXI EIIOE	
2/04	1406	Car Wa	ash for State car							SC			0.00	13.99	13.99
2-08	0600	Sacran	ento to San Francisco						10.01	SC	31.50		0.00		41.51
2-22	0530	Sacram	ento to Oakland		6.00				19.74	SC	9.75		0.00		35.49
2-25	0430	Sacram	ento to Santa Ana	170.40	6.00				41.00	SC/A /T			0.00		217.40
2-26	1455	Santa A	Ana to Sacramento					6.00		A/SC	30.00		0.00		36.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
13)	3	SUBTO	OTALS	170.40	12.00	0.00	0.00	6.00	70.75		71.25	0.00	0.00	13.99	344.39
COL	UMN	CODE (ACCTG. USE ONLY)												
	37	CLAIM	TOTAL												\$344.39
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENC													CCOUNTING OFFICE		
			sued to the Director										2000	E ONLY	
2-08 -			leetings on Health I'									PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER
2-22.			ns: State car issued Media Event & Pub				an Regul	ations							
	Cost	t of Tra	ns: Director's gas ca	ard did not	t work.										
2-25 -			e 19th Annual Heal	th Care Fo	orecast C	onferenc	e								
Pleas			ging approved. Director parks in sh	ort-term p	oarking, a	s a reasc	onable ac	commod	lation.						
(15)	used, ai	nd if milea	FY That the above is a true s ge rates exceed the minimum	rate, certify t	hat the cost of	f operating t	he vehicle w	cordance wit	h DPA rules r greater than	in the sei	vice of the State	of Califon	nia. If a priva	tely owned ve	hicle was scribed by
SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehic			vehicle safety DATE	and seat bel	t usage.	SIGNATURE OF OFFICER APPROVING TRAVEL AND									
<u> </u>							29								
17) SPI	ECIAL EX	XPENSE A	AUTHORIZATION - SIGNATUI	RE and TITLE	(See Item 17	on reverse)	2						DA	ATE.	
<u>R</u>															